

Due By April 25, 2008

07 FS-1

Rhode Island Ethics Commission

2007 YEARLY FINANCIAL STATEMENT

DAVID E BATES 65 PRIMROSE HILL ROAD BARRINGTON RI 02806-0000

ANNE B. BATES

RHODE ISLAND ETWOS COMMISSION 08 APR 22 PM 12: 28

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2007 THROUGH DECEMBER 31, 2007 UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER <u>ALL QUESTIONS</u> AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO STATE. ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed. For clarification of any question, read instruction sheet.

Note	Statement is a violation of the la	w and may subject yo nail but believe you	u to substantial penalties, includ did not hold a public position	nancial Statement, a failure to file the ing fines. If you received a 2007 Year-in 2007 or 2008 that requires such formation).		
1.	NAME OF OFFICIAL		DAVID	45.		
2.	HOME ADDRESS	(STREET)	DARRINGTON (CITY/TOWN)	(ZIP CODE)		
	5AME					
	MAILING ADDRESS (If different from home as	idress)				
3.	List Public Position(s) you hold	and governmental	unit:			
	SENATE DISTIN	nor 32		RI		
	(PUBLIC POSITION)			(MUNICIPALITY, STATE OR REGIONAL)		
	(PUBLIC POSITION)		N -	(MUNICIPALITY, STATE OR REGIONAL)		
	I was elected on 2006. I was (date)	as appointed on(da	l was hired o	on (date)		
	If you no longer hold a public po	osition, state date o	f termination or resignation	·		
4.	List elected office(s) for which you were/are a candidate in either calendar year 2007 or 2008 (Read instruction #4)					
	SENATE DIST	RICT 32				
5.	List the following: NAME OF	SPOUSE	NAME(S) OF DEF	PENDENT CHILD OR CHILDREN		

6.	List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2007. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. (Do Not List Amounts.)				
	NAME OF FAMILY MEMBER EMPLOYED	NAME AND ADDRESS OF EMPLOYER OR OCCUPATION	DATES AND NATURE OF SERVICES RENDERED		
•	DAVIO E. BATES	AN NUNES AGENCY BYS HOPE ST BRISTOR, RI RISTOR	1982-PRESENT PRESIDENT		
	DAVID R. BATES	RI SENDTE	1992 - PRESE		
7.	List the address or legal description of or dependent child had a financial into	any real estate, other than your principal erest.	residence, in which you, your spouse,		
	NAMES	NATURE OF INTEREST	ADDRESS OR DESCRIPTION		
8.	List the name of any trust, name and	address of the trustee of any trust, from v \$1,000 or more gross income. List asse	which you, your spouse, or dependent		
	NAME OF TRUSTEE AND ADDRESS:				
	NAME OF FAMILY MEMBER RECEIVING TRUST INCOME:	, ·			
	ASSETS:	·			
9.		siness, profit or non-profit, in which you, er, trustee, or a management position.	your spouse, or dependent child held		
	NAME OF FAMILY MEMBER	NAME AND ADDRESS OF BUSINESS	POSITION		
	DAVID E. BATES ANNE B. BATES	A. N NUMES ACO 549 HOPE ST BRISTOL, RI	TECR-DRECTOR		
	1 /1000	UKIST-4, TOE			

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2007 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING GIFT OR CONTRIBUTION

NAME AND ADDRESS OF PERSON OR ENTITY MAKING GIFT OR CONTRIBUTION

Nome

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

DAND G. BATER ANNE B. BATES NAME AND ADDRESS OF BUSINESS

A. N. NOMES AGENCY
Super Hope So
BRISTOR

SER ATTRUMED LIST

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2007 with a state or municipal agency, AND you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF AGENCY

DATE AND NATURE OF TRANSACTION

AN NUMES AGENCY 549 Hope S.
BRISTON, AI

RI CLEAN NOTER

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13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, AND you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

A N NUMES AGENCY Sug HORST BASTOL RI

DBR

14.	interest or a \$5,000 or greater ownership date you file this statement AND if sai	nild individually or collectively acquired or divested a 10% ownership or investment interest in a business after January 1, 2008 and before the d business was regulated by a state or municipal agency of which you which you exercise direct or legislative authority, list the following:					
	NAME AND ADDRESS OF BUSINESS	DESCRIPTION OF INTEREST (NOT AMOUNT) AND DATE ACQUIRED AND/OR DIVESTED					
	Nome						
	NAME OF REGULATING AGENCY	HOW REGULATED					
15.	a \$5,000 or greater ownership or investi- file this statement, which did business	ndividually or collectively acquired or divested a 10% ownership interest or ment interest in a business after January 1, 2008 and before the date you n excess of \$250 with a state or municipal agency of which you are an ou exercise direct or legislative authority, list the following:					
	NAME AND ADDRESS OF BUSINESS	DESCRIPTION OF INTEREST DATE ACQUIRED AND/OR DIVESTED (DO NOT INCLUDE AMOUNT) NAME OF STATE OR MUNICIPAL AGENCY					
		NONE					
16.	(\$1,000) to any person, business ent spouse or dependent child at any tin regulated by any state or by the United	hild were indebted in an amount in excess of one thousand dollars ity or other organization other than (i) any person related to you, your ne within the third degree of consanguinity, or (ii) a financial institution States where such indebtedness is secured solely by a mortgage of record our principal residence, or (iii) any indebtedness arising from transactions llowing:					
	NAME AND ADDRESS OF DEBTOR	NAME AND ADDRESS OF LENDER					
		None					
		The state of the s					
	presented as to the financial information children. I acknowledge that I may reque	Financial Statement is a complete and accurate response to the questions and interests during the year 2007 of myself, my spouse, and my dependent st an advisory opinion from the Ethics Commission as to my conduct under copy of the Code of Ethics will be provided to me at no cost upon request					
	State of Rhode Island County of	SIGNATURE					

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.

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SIGNATURE OF NOTARY PUBLIC

My Commission expires:

ECURITIES NAME	SYMBOL
ACCT - IRA FBO DAVID E. BATES	
	DCD
PERSHING GOVT ACCT	PGR
CAPITAL INCOME BUILDER CLASS F	CIBFX
CURRENCY SHARE SWISS FRANC TR SWISS FRANC SHS	FXF
FIDELITY ADVISOR STRATECIG INCOME CLASS I	FSRIX
BROWTH FUND OF AMERICA CLASS F	GFAFX
IENNISON NATURAL RESOURCES FUND CLASS A	PGNAX
OPPENHEIMER GOLD & SPECIAL MINERALS CLASS A	OPGSX
ROWE PRICE CAPITAL APPRECIATION	PRWCX
ROYCE PREMIER FUND	RYPRX
VANGUARD INFLATION PROTECTED SECURITIES FUND	VIPSX
ACCT - FBO DAVID E. BATES LVNG TRST DTD 8/17/95 DAVID E. BA	TES TTEE
	MMFDGPM
DREYFUS GOVT PRIME INVESTOR SHARES	CAIBX
CAPITAL INCOME BUILDER FUND CLASS A	LAIAX
COLUMBIA ACORN INTERNATIONAL FUND CLASS A	FXF
CURRENCYSHARES SWISS FRANC TR SWISS FRANC SHS	AEGFX
EUROPACIFIC GROWTH FUND CLASS F	FAMVX
FAM VALUE FUND	FDVAX
FIDELITY ADVISOR DIVERSIFIED INTL FUND CLASS A	FSRIX
FIDELITY ADVISOR STRATEGIC INCOME CLASS I	
FIDELITY ADVISOR INTERNATIONAL REAL ESTATE FUND CLASS I	FIRIX
FIDELITY SELECT DEFENSE & AEROSPACE FUND	FSDAX
FIDELITY SELECT CONSUMER STAPLES FUND	FDFAX
FIRST EAGLE GOLD FUND CLASS A	SGGDX
GROWTH FUND OF AMERICA CLASS F	GFAFX
ISHARES TR S&P GSSI NAT RES INDEX	IGE
JENNISON NATURAL RESOURCES FUND CLASS A	PGNAX
LOOMIS SAYLES STRATEGIC INCOME FUND CLASS Y	NEZYX
MES LITILITIES FUND CLASS Y	MMUFX
POWERSHARES EXCHANGE TRADED FD TR WATER RES PORT	PHO
T ROWE PRICE CAPITAL APPRECIATION	PRWCX
SMALLCAP WORLD FUND CLASS F	SCWFX
STREETRACKS GOLD TR GOLD SHS	GLD
VANGUARD INFLATION PROTECTED SECURITIES FUND	VIPSX
VANGUARD FTSE ALL WORLD FUND	VFWIX
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ACCT - ANNE B. BATES LIV TRST DTD 08/17/95 ANNE B. BATES T	<u> </u>
DREYFUS GOVT PRIME INVESTOR SHARES	DGPM
CAPITAL INCOME BUILDER FUND CLASS A	CAIBX
COLUMBIA ACORN INTERNATIONAL FUND CLASS A	LAIAX
CURRENCY SHARES SWISS FRANC TR SWISS FRANC SHS	FXF.
EUROPACIFIC GROWTH FUND CLASS F	AEGFX
EUROPACIFIC GROWTH FOND GLACOT	FDVAX
FIDELITY ADVISOR DIVERSIFIED INTL FUND CLASS A	

FIDELITY ADVISOR INTERNATIONAL REAL ESTATE FUND CLASS A	FSDAX		
FIDELITY SELECT DEFENSE & AEROSPACE FUND	FDFAX		
FIDELITY SELECT CONSUMER STAPLES FUND		-	
FIRST EAGLE GOLD FUND CLASS A	SGGDX		
GROWTH FUND OF AMERICA CLASS F	GFAFX		
ISHARES TR S&P GSSI NAT RES INDEX	IGE		
JENNISON NATURAL RESOURCES FUND CLASS A	PGNAX		
LOOMIS SAYLES STRATEGIC INCOME FUND CLASS Y	NEZYX	·.	
MFS UTILITIES FUND CLASS A	MMUFX	-	
POWERSHARES EXCHANGE TRADED FD TR WATER RES PORT	PHO	_	
T ROWE PRICE CAPITAL APPRECIATION	PRWCX	_	
STREETRACKS GOLD TR GOLD SHS	GLD	-	
VANGUARD INFLATION PROTECTED SECURITIES FUND	VIPSX		
VANGUARD FTSE ALL WORLD FUND	VFWIX	_	
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